



AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYMENT

SPICE PROGRAM

SECTION 1

SPICE Location/Site: _____

Name(s) on Account: _____

PLEASE PRINT

Student Name or Names: _____

PLEASE PRINT

Amount to be released monthly: _____

Effective date of first withdrawal: _____

This form must be received in the SPICE Billing Office no later than the 20th of the month previous to effective date of withdrawal, change or cancellation

SECTION 2

☐

Check here if this is the first time you have filled out this form for the current school year.

Continue to Section 3

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Check here if you are changing the bank account number from the bank account previously established.

Continue to Section 3

☐

Check here if you are using this form to terminate automatic payments which you previously authorized.

Skip to Section 4, Section 3 does not need to be completed

This form must be received in the SPICE Billing Office no later than the 20th of the month previous to effective date of withdrawal, change or cancellation

SECTION 3

I/We hereby authorize Fort Smith Public Schools, EIN # 71-6020978, hereinafter called DISTRICT, to initiate debit entries to my (our) ☐ **Checking** OR ☐ **Savings** (SELECT ONE) account indicated below and the DEPOSITORY financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

FINANCIAL INSTITUTION NAME

CITY

STATE

ZIP CODE

ROUTING NUMBER

ACCOUNT NUMBER

Please attach a voided check for the stated account in order that we may verify the numbers provided.

PLEASE NOTE: Without a voided check and your signature below we cannot process your request.

SECTION 4

This authority is to remain in full force and effective until DISTRICT has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) ON ACCOUNT (PLEASE PRINT)

DATE

SIGNATURE